

ALL REQUESTED  
INFORMATION MUST  
BE PROVIDED ON  
THIS FORM



Arizona Department of Environmental Quality  
Surface Water Section / Permits Unit  
1110 W. Washington, 5415A-1, Phoenix, Arizona 85007  
**NOTICE OF INTENT (NOI) FOR COVERAGE**  
under AZPDES Permit No. AZG2002-002 for  
*Discharges from Small MS4s to Waters of the United States*

CHECK AS APPLICABLE: NEW NOI \_\_\_\_\_ REVISED NOI \_\_\_\_\_  
IF A REVISION, PROVIDE PRIOR AUTHORIZATION NO.  
\_\_\_\_\_

Applicant is:  
\_\_\_\_\_ Federal \_\_\_\_\_ State  
\_\_\_\_\_ Other \_\_\_\_\_

**PERMITTEE (Agency Responsible for the Discharge)**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CONTACT PERSON**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person's Agency and Title: \_\_\_\_\_

**LOCATION INFORMATION**

Name of Urbanized Area where the MS4 is located: \_\_\_\_\_

Name of county(ies) where the MS4 is located: \_\_\_\_\_

Provide the following information on the approximate center of the MS4:

Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" Longitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_"

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Is any portion of the MS4 located in Indian Country? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, name \_\_\_\_\_

Does any portion of the MS4 service a population within Indian Country? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, how many people within the Indian Country are served by your MS4? \_\_\_\_\_

Name(s) of neighboring Tribes/Counties/Cities/Towns (places that share borders with the permittee):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## WATERSHED INFORMATION

Name of Watershed: \_\_\_\_\_

Name of Receiving Water(s): \_\_\_\_\_

Is the Receiving Water a 303(d) Impaired Water?

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

**If any of the receiving waters are 303 (d)-listed Impaired Waters, you must complete the Impaired Water Information portion of this form.**

## IMPAIRED WATERS INFORMATION

If you indicated that any of the receiving waters to which you discharge are listed as a 303 (d) Impaired Water, please answer the following questions.

Is there a Total Maximum Daily Load (TMDL) for the 303(d) Impaired Water?

Yes \_\_\_\_\_ Proceed to Part A

No \_\_\_\_\_ Proceed to Part B

**Part A.** Does the TMDL prescribe a wasteload allocation to stormwater discharge from your MS4?

Yes \_\_\_\_\_ Check the box below

No \_\_\_\_\_ Proceed to Part B

\_\_\_\_\_ *I certify that the SWMP identifies specific BMPs that will be used to meet wasteload allocations. I also certify that I will monitor for pollutants for which my MS4 is assigned a wasteload allocation.*

**Part B.** Check the box below if the MS4 has the potential to discharge the pollutants identified on the 303(d) list.

\_\_\_\_\_ *I certify that the description of the SWMP addresses specific BMPs for reducing the discharge of 303(d)-listed pollutants.*

## ADDITIONAL INFORMATION

This NOI must include the following attachments prepared as specified in Part III of the general permit.

\_\_\_\_\_ A description of your Stormwater Management Program.

Has another governmental entity agreed to satisfy any of your permit obligations?

Yes \_\_\_\_\_ If yes, check the boxes below

No \_\_\_\_\_

\_\_\_\_\_ The agreement is explained in the description of your Stormwater Management Program.

\_\_\_\_\_ Written documentation of your agreement is included as an attachment.

## CERTIFICATION

This certification must be signed by the appropriate party as specified in this general permit Part VI.L.

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. In addition I certify that the permittee will comply with all terms and conditions stipulated in General Permit No. AZG2002-002 issued by the Director."*

Printed Name of Applicant's Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant's Representative: \_\_\_\_\_ Date: \_\_\_\_\_